

CITY OF ALEXANDRIA MARINA
DEPARTMENT OF RECREATION, PARKS & CULTURAL ACTIVITIES
Capital Projects Division
1108 Jefferson Street, Alexandria, VA 22314

Application For Visiting Commercial Vessels

ALL QUESTIONS MUST BE COMPLETED

Date _____ **20** _____

Name of Organization _____

Vessel Name _____

Organization

Address _____

Representatives Name _____ **Phone ()** _____ **Fax ()** _____

email _____

Certification of Inspection Expiration Date _____

(Attach copies of United States Coast Guard registration information)

Overall Length _____ **Beam** _____ **Draft** _____ **Required Amp.** _____
(Includes bow spirit)

Tonnage _____ **Max No. Passengers** _____ **Max No. Crew** _____

Rental Date(s) Requested _____

Time Rental To Begin _____

Time Rental To End _____

Requesting Utilities _____ **Yes** _____ **No** _____

Sewage Pump Out Facility Use _____ **Yes** _____ **No** _____

Insurance Information (Certificate of insurance must be submitted with application)

Insurance Company Name _____ **Policy#** _____ **Amount \$** _____

The undersigned acknowledges that he or she has received and read the regulations governing the use of the City pier facilities by commercial vessels and that these will be enforced and honored by the renting organization. The undersigned further certifies that he or she is the legally authorized representative to act and accept such responsibility for the organization. Final approval of this permit is contingent upon approval by the Director of Recreation, Parks, and Cultural Activities and receipt of the required deposit.

Signature _____ **Date** _____

~~(FOR OFFICE USE ONLY)~~

Date Application Received _____

By _____

Insurance Certificate Attached _____ **Yes** _____ **No** _____

Certificate of Inspection Attached _____ **Yes** _____ **No** _____

FEES

Base Rate \$ _____ **X** _____ **Days**
Passenger Rate \$ _____ **X** _____ **No. Passengers**
Utilities \$ _____ **X** _____ **Days**
Sewage Pump Out \$ _____ **X** _____ **Use**

TOTAL CHARGES

Base Rate \$ _____
Passenger Rate \$ _____
Utilities \$ _____
Sewage Pump-Out \$ _____
TOTAL FEES DUE \$ _____

Total Fee of \$ _____ **must be made on or before** _____. **Checks shall be made payable to the City of Alexandria and sent to Department of Recreation, Parks and Cultural Activities, Capital Projects Division, 1108 Jefferson Street, Alexandria, Virginia 22314.**

Request ☐ **Approved** ☐ **Not Approved** ☐ **No conflict with Special Events (Confirmed with** _____ **)**

Program Supervisor/Date

Division Chief/Date